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Financial well-being
Intelligent solutions

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Aetna Savings Plus Plan guide



New health plans designed with
Pennsylvania businesses in mind

For businesses with 51 – 100 employees
Plans effective January 1, 2015

www.aetna.com

The health of business, well planned

Same quality local care at a lower cost

The Aetna Savings Plus health benefits plans provide members with the same type of coverage as other Aetna medical plans, but at a lower premium cost. Savings are generated through the use of the Savings Plus network, a quality network of local health care providers.

Three levels of benefits means choice and flexibility

The Aetna Savings Plus plans in Pennsylvania give businesses the flexibility and choice to best meet their needs. These plans use the Aetna Pennsylvania Savings Plus network.

Each Savings Plus plan has three levels of network benefits:

- Level 1: For maximum savings, members select a primary care physician (PCP) from the Savings Plus network (designated) to coordinate care for covered services. For network care, Members select a primary care physician (PCP) from the network of designated network providers to coordinate care for covered services.
- Level 2: When members use other (nondesignated) network providers, they will see standard savings and higher member costs.
- Level 3: When members use out-of-network providers, they will see the highest member cost.

All Savings Plus plans include coverage for doctors' visits, hospital stays, preventive care and more. Refer to pages 4–8 for more details.

Savings Plus of Pennsylvania — Hospitals

Below is a list of the Savings Plus network hospitals by level and county. Choose designated hospitals (level 1) for maximum savings.

Level 1 – Maximum Savings

Bucks County

Doylestown Hospital
Grand View Hospital
Lower Bucks Hospital

Chester County

Brandywine Hospital
Chester County Hospital
Coatesville Veteran Affairs Medical Center
Jennersville Regional Hospital
Phoenixville Hospital

Delaware County

Crozer-Chester – Community Hospital
Crozer-Chester Medical Center
Delaware County Memorial Hospital
Mercy Catholic Medical Center
Springfield Hospital
Taylor Hospital

Montgomery County

Albert Einstein Medical Center – Montgomery Campus
Holy Redeemer Health System
Pottstown Memorial Medical Center

Philadelphia County

Albert Einstein Medical Center
Albert Einstein Medical Center – Germantown Campus
Chestnut Hill Hospital
Children’s Hospital of Philadelphia
Jeanes Hospital
Mercy Philadelphia Hospital
Mercy Suburban Hospital
North Philadelphia Health System
Philadelphia Veteran Affairs Medical Center
Shriner’s Hospital for Children
St. Christopher’s Hospital for Children
Wills Eye Hospital

Level 2 – Standard Savings

Bucks County

Aria Health – Bucks County Campus
St. Luke’s Hospital – Quakertown
St. Mary Medical Hospital – Langhorne

Chester County

Paoli Memorial Hospital

Delaware County

Riddle Memorial Hospital

Montgomery County

Abington Memorial Hospital
Bryn Mawr Hospital
Lankenau Hospital
Lansdale Hospital

Philadelphia County

Aria Health – Frankford Campus
Aria Health – Torresdale Campus
Fox Chase Cancer Center
Hahnemann University Hospital
Hospital of the University of Pennsylvania
Methodist Hospital
Nazareth Hospital
Penn Presbyterian Medical Center
Pennsylvania Hospital
Temple University Hospital
Thomas Jefferson University Hospital

Savings Plus QPOS plans

Plan name

PA Savings Plus QPOS 500D/1000D

Member benefits	Level 1 Network care designated provider maximum savings	Level 2 Network care non-designated providers standard savings	Level 3 Out-of-network care ¹
Plan year deductible	\$0/\$0	\$0/\$0	\$5,000/\$10,000
Plan out-of-pocket limit		\$6,500/\$13,000	\$10,000/\$20,000
Deductible & out-of-pocket limit accumulation²		Embedded	
Primary care physician office visit	\$20 copay	\$45 copay	50% after deductible
Specialist office visit	\$50 copay	\$75 copay	50% after deductible
Walk-in clinics	\$20 copay	\$20 copay	50% after deductible
Diagnostic testing: Lab	\$20 copay	\$20 copay	50% after deductible
Diagnostic testing: X-ray	\$50 copay	\$75 copay	50% after deductible
Imaging (MRA/MRS, MRI, PET and CAT scans)	\$300 copay	\$500 copay	50% after deductible
Inpatient hospital	\$500 copayment per day, five-day copay max per admission	\$1,000 copayment per day, five-day copay max per admission	50% after deductible
Outpatient surgery	\$500 copay	\$750 copay	50% after deductible
Emergency room³		\$400 copay	
Urgent care	\$50 copay	\$75 copay	50% after deductible
Rehabilitation services (PT/OT/ST) (30 visits per plan year, PT/OT combined, and 30 visits per plan year, ST. Levels 1, 2 and 3 combined)	\$50 copay	\$50 copay	50% after deductible
Chiropractic services (20 visits per plan year. Levels 1, 2 and 3 combined)	25%	25%	25% after deductible
Prescription drugs⁴ (up to 30-day supply)			
Prescription drug deductible		Not applicable	Not applicable
Preferred generic drugs		\$10 copay	Not covered
Preferred brand drugs		\$50 copay	Not covered
Nonpreferred generic and brand drugs		\$100 copay	Not covered
Specialty drugs (Self-injectable, infused and oral specialty drugs, excludes insulin)		50% up to \$500	Not covered

Refer to page 9 for important plan provisions.

Savings Plus QPOS plans

Plan name

PA Savings Plus QPOS 2500/4500

Member benefits	Level 1 Network care designated provider maximum savings	Level 2 Network care non-designated providers standard savings	Level 3 Out-of-network care ¹
Plan year deductible	\$2,500/\$5,000	\$4,500/\$9,000	\$5,000/\$10,000
Plan out-of-pocket limit		\$6,500/\$13,000	\$10,000/\$20,000
Deductible & out-of-pocket limit accumulation²		Embedded	
Primary care physician office visit	\$30 copay, deductible waived	\$50 copay, deductible waived	50% after deductible
Specialist office visit	\$60 copay, deductible waived	\$100 copay, deductible waived	50% after deductible
Walk-in clinics	\$30 copay, deductible waived	\$30 copay, deductible waived	50% after deductible
Diagnostic testing: Lab	\$30 copay, deductible waived	\$30 copay, deductible waived	50% after deductible
Diagnostic testing: X-ray	\$60 copay, deductible waived	\$100 copay, deductible waived	50% after deductible
Imaging (MRA/MRS, MRI, PET and CAT scans)	\$350 copay, deductible waived	\$500 copay, deductible waived	50% after deductible
Inpatient hospital	Covered in full after deductible	Covered in full after deductible	50% after deductible
Outpatient surgery	Covered in full after deductible	Covered in full after deductible	50% after deductible
Emergency room³		\$500 copay, deductible waived	
Urgent care	\$60 copay, deductible waived	\$100 copay, deductible waived	50% after deductible
Rehabilitation services (PT/OT/ST) (30 visits per plan year, PT/OT combined, and 30 visits per plan year, ST. Levels 1, 2 and 3 combined)	\$60 copay, deductible waived	\$60 copay, deductible waived	50% after deductible
Chiropractic services (20 visits per plan year. Levels 1, 2 and 3 combined)	25%, deductible waived	25%, deductible waived	25% after deductible
Prescription drugs⁴ (up to 30-day supply)			
Prescription drug deductible		Not applicable	Not applicable
Preferred generic drugs		\$10 copay	Not covered
Preferred brand drugs		\$50 copay	Not covered
Nonpreferred generic and brand drugs		\$100 copay	Not covered
Specialty drugs (Self-injectable, infused and oral specialty drugs, excludes insulin)		50% up to \$500	Not covered

Refer to page 9 for important plan provisions.

Savings Plus QPOS plans

Plan name

PA Savings Plus QPOS 1500 70/50

Member benefits	Level 1 Network care designated provider maximum savings	Level 2 Network care non-designated providers standard savings	Level 3 Out-of-network care ¹
Plan year deductible		\$1,500/\$3,000	\$5,000/\$10,000
Plan out-of-pocket limit		\$6,000/\$12,000	\$10,000/\$20,000
Deductible & out-of-pocket limit accumulation²		Embedded	
Primary care physician office visit	\$35 copay, deductible waived	50% after deductible	50% after deductible
Specialist office visit	\$50 copay, deductible waived	50% after deductible	50% after deductible
Walk-in clinics	\$35 copay, deductible waived	\$35 copay, deductible waived	50% after deductible
Diagnostic testing: Lab	\$0 copay, deductible waived	\$0 copay, deductible waived	50% after deductible
Diagnostic testing: X-ray	30% after deductible	50% after deductible	50% after deductible
Imaging (MRA/MRS, MRI, PET and CAT scans)	30% after deductible	50% after deductible	50% after deductible
Inpatient hospital	30% after deductible	50% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible	50% after deductible
Emergency room³		30% after deductible	
Urgent care	\$75 copay, deductible waived	50% after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) (30 visits per plan year, PT/OT combined, and 30 visits per plan year, ST. Levels 1, 2 and 3 combined)	30% after deductible	30% after deductible	50% after deductible
Chiropractic services (20 visits per plan year. Levels 1, 2 and 3 combined)	25% after deductible	25% after deductible	25% after deductible
Prescription drugs⁴ (up to 30-day supply)			
Prescription drug deductible		Not applicable	Not applicable
Preferred generic drugs		\$10 copay	Not covered
Preferred brand drugs		\$50 copay	Not covered
Nonpreferred generic and brand drugs		\$100 copay	Not covered
Specialty drugs (Self-injectable, infused and oral specialty drugs, excludes insulin)		50% up to \$500	Not covered

Refer to page 9 for important plan provisions.

Savings Plus QPOS plans

Plan name

PA Savings Plus QPOS 1650 70/50 HSA

Member benefits	Level 1 Network care designated provider maximum savings	Level 2 Network care non-designated providers standard savings	Level 3 Out-of-network care ¹
Plan year deductible		\$1,650/\$3,300	\$5,000/\$10,000
Plan out-of-pocket limit		\$6,000/\$12,000	\$10,000/\$20,000
Deductible & out-of-pocket limit accumulation²		Non-embedded	
Primary care physician office visit	\$30 copay after deductible	50% after deductible	50% after deductible
Specialist office visit	30% after deductible	50% after deductible	50% after deductible
Walk-in clinics	\$30 copay after deductible	\$30 copay after deductible	50% after deductible
Diagnostic testing: Lab	Covered in full after deductible	Covered in full after deductible	50% after deductible
Diagnostic testing: X-ray	30% after deductible	50% after deductible	50% after deductible
Imaging (MRA/MRS, MRI, PET and CAT scans)	30% after deductible	50% after deductible	50% after deductible
Inpatient hospital	30% after deductible	50% after deductible	50% after deductible
Outpatient surgery	30% after deductible	50% after deductible	50% after deductible
Emergency room³		30% after deductible	
Urgent care	30% after deductible	50% after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) (30 visits per plan year, PT/OT combined, and 30 visits per plan year, ST. Levels 1, 2 and 3 combined)	30% after deductible	30% after deductible	50% after deductible
Chiropractic services (20 visits per plan year. Levels 1, 2 and 3 combined)	25% after deductible	25% after deductible	25% after deductible
Prescription drugs⁴ (up to 30-day supply)			
Prescription drug deductible		Integrated with medical deductible	Not applicable
Preferred generic drugs		\$10 copay after deductible	Not covered
Preferred brand drugs		\$50 copay after deductible	Not covered
Nonpreferred generic and brand drugs		\$100 copay after deductible	Not covered
Specialty drugs (Self-injectable, infused and oral specialty drugs, excludes insulin)		50% up to \$500 after deductible	Not covered

Refer to page 9 for important plan provisions.

Savings Plus QPOS plans

Plan name	PA Savings Plus QPOS 5000/6250		
Member benefits	Level 1 Network care designated provider maximum savings	Level 2 Network care non-designated providers standard savings	Level 3 Out-of-network care ¹
Plan year deductible	\$5,000/\$10,000	\$6,250/\$12,500	\$10,000/\$20,000
Plan out-of-pocket limit		\$6,600/\$13,200	\$20,000/\$40,000
Deductible & out-of-pocket limit accumulation²		Embedded	
Primary care physician office visit	\$15 copay; deductible waived	\$50 copay after deductible	50% after deductible
Specialist office visit	\$50 copay after deductible	\$100 copay after deductible	50% after deductible
Walk-in clinics	\$15 copay, deductible waived	\$15 copay, deductible waived	50% after deductible
Diagnostic testing: Lab	Covered in full after deductible	Covered in full after deductible	50% after deductible
Diagnostic testing: X-ray	\$100 copay after deductible	\$200 copay after deductible	50% after deductible
Imaging (MRA/MRS, MRI, PET and CAT scans)	\$250 copay after deductible	\$500 copay after deductible	50% after deductible
Inpatient hospital	\$250 copay per admission after deductible	\$500 copay per admission after deductible	50% after deductible
Outpatient surgery	\$250 copay after deductible	\$500 copay after deductible	50% after deductible
Emergency room³		\$250 copay after deductible	
Urgent care	\$50 copay after deductible	\$150 copay after deductible	50% after deductible
Rehabilitation services (PT/OT/ST) (30 visits per plan year, PT/OT combined, and 30 visits per plan year, ST. Levels 1, 2 and 3 combined)	\$50 copay after deductible	\$50 copay after deductible	50% after deductible
Chiropractic services (20 visits per plan year. Levels 1, 2 and 3 combined)	25% after deductible	25% after deductible	25% after deductible
Prescription drugs⁴ (up to 30-day supply)			
Prescription drug deductible		Integrated with medical deductible	Not applicable
Preferred generic drugs		\$10 copay, deductible waived	Not covered
Preferred brand drugs		\$50 copay after deductible	Not covered
Nonpreferred generic and brand drugs		\$75 copay after deductible	Not covered
Specialty drugs (Self-injectable, infused and oral specialty drugs, excludes insulin)		50% up to \$500 after deductible	Not covered

Refer to page 9 for important plan provisions.

Important plan provisions

¹How your out-of-network care is reimbursed:

We cover the cost of services based on whether doctors are “in network” or “out of network.”

Members may choose a provider (doctor or hospital) in our network. They may choose to visit an out-of-network provider. When members choose a doctor who is out of network, the Aetna health plan may pay some of that doctor’s bill. Most of the time, members will pay a lot more money out of pocket if they choose to use an out-of-network doctor or hospital.

When members choose out-of-network care, the plan limits the amount it will pay. This limit is called the “recognized” or “allowed” amount. Those amounts are:

Professional services: 105% of Medicare

Facility services: 140% of Medicare

Out-of-network doctors set their own rates. It may be higher — sometimes much higher — than what the Aetna plan “recognizes.” A doctor may bill for the dollar amount that the plan doesn’t “recognize.” Members must also pay any copayments, coinsurance and deductibles under the plan. No dollar amount above the “recognized charge” counts toward the deductible or out-of-pocket maximums. To learn more about how we pay out-of-network benefits visit www.aetna.com. Type “how Aetna pays” in the search box.

Members can avoid these extra costs by getting care from our Savings Plus network of health care providers. Go to www.aetna.com and click on “Find a Doctor” on the left side of the page. Existing members may sign on to their Aetna Navigator member site.

This applies when members choose to get care out of network. When they have no choice (for example: emergency room visit after a car accident, or for other emergency services), we will pay the bill as if they received care in network. Members pay cost sharing and deductibles for the in-network level of benefits. Contact Aetna if a provider asks for more. Members are not responsible for any outstanding balance billed by providers for emergency services beyond your cost sharing and deductibles.

Some benefits are subject to limitations or visit maximums. Members or providers may be required to precertify or obtain prior approval for certain services.

For a summary list of limitations and exclusions, refer to page 10. Please refer to www.aetna.com for specific Summary of Benefits and Coverage documents. Or for more information, please contact your licensed agent or Aetna sales representative.

²Embedded – No one family member may contribute more than the individual deductible/out-of-pocket limit amount

to the family deductible/out-of-pocket limit. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the plan year.

Non-embedded – The individual deductible/out-of-pocket limit can only be met when a member is enrolled for self-only coverage with no dependent coverage. The family deductible/out-of-pocket limit can be met by a combination of family members or by any single individual within the family. Once the family deductible/out-of-pocket limit is met, all family members will be considered as having met their deductible/out-of-pocket limit for the remainder of the plan year.

Deductible credit and deductible carryover do not apply.

³Emergency room: Copay is waived if admitted. Coinsurance is not waived if admitted.

⁴Rx plan provisions:

Contraceptives and diabetic supplies included.

Member pays the difference in cost between a brand and generic drug plus the applicable cost share if a generic drug is available and a brand-name drug is dispensed unless the physician indicated “Dispense as Written” on the prescription. The cost difference between the generic and brand does not count toward the out-of-pocket limit.

Precertification and step therapy apply.

Not all drugs are covered. It is important to look at the Preferred Drug List (Aetna Value Plus Formulary) to understand which drugs are covered.

Limitations and exclusions

These plans do not cover all health care expenses and include exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased.

- All medical and hospital services not specifically covered in, or that are limited or excluded by the plan documents, including costs of services before coverage begins and after coverage terminates
- Cosmetic surgery
- Custodial care
- Dental care and dental X-rays
- Donor egg retrieval
- Experimental and investigational procedures (except for coverage for medically necessary routine patient care costs for members participating in a cancer clinical trial)
- Hearing aids
- Home births
- Immunizations for travel or work
- Implantable drugs and certain injectable drugs, including injectable infertility drugs
- Infertility services, including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services unless specifically listed as covered in your plan documents
- Nonmedically necessary services or supplies
- Orthotics
- Radial keratotomy or related procedures
- Reversal of sterilization
- Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, counseling and prescription drugs
- Special duty nursing
- Therapy or rehabilitation other than those listed as covered in the plan documents
- Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including morbid obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions

Contact us

For more information about the Aetna Savings Plus plans for Pennsylvania, please contact your Aetna representative.

This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. To contact the plan if you are a member, call the number on your ID card; all others, call 1-888-98-AETNA (1-888-982-3862).

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits may vary by location. Health benefits plans contain exclusions and limitations. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

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